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Semper Gumby: Pt. I

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By Cmdr. Robert McLay, MC, USNR, Naval Center for Combat & Operational Stress Control



The Marines are close to my heart. Because they are an all-combat service – “every man a rifleman,” as the saying goes – I have always had a special place in my heart for the Corps.

The Personal Account of a Navy Reservist Psychiatrist

Navy Medicine is full of surprises. In April of 2013 I was riding in an olive-drab SUV along the road that rings the outer edge of the Big Island of Hawaii when my cell phone rang. It was the Officer in Charge of my reserve unit.

“Commander McLay,” he said over the static-filled connection. “Sorry to disturb you during your annual training, but I wanted to let you know right away. You have been recalled to active duty. You are going to Kandahar in 2014.”

“Thank you, sir,” was all I could think to mutter, but my mind started to race – Afghanistan! 2014! Deployment! I had

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heard we were going to be pulling out most forces by the end of that year. Wow, I was probably going to be the last wizard in Afghanistan.

The “wizard” is what Marines call military psychiatrists. It is more polite than saying “witchdoctor,” and a veiled reference to the belief that if you see a psychiatrist he will make you disappear from the Corps. The term was originally used derogatorily, but we Navy shrinks have taken on the military tradition of taking insults and turning them into points of pride.

“Morning, Wizard.”

“Morning, Devil Dog.”

Psychiatrist and the Marine puff out their chests.

Afghanistan though, that was certainly going to be a change of pace.

At the moment, I was activated with the Navy Reserves to provide humanitarian assistance in Hawaii. The geography of the island seemed to highlight the contrasts swirling through my brain. Reserve units from around the country had come together here. We were camped out on the edge of lava fields, where jungle, beach, ocean, and broad swaths of barren and black meet. The luxury resorts that make up what most of we “haole” (outsiders) think of Hawaii were far away. Here, people lived on blackened rock, inhospitable to other life except for sparse Ohia-Lehua trees. In native legend, these plants were made by Pele, the goddess of fire, out of the form of two lovers. It’s a lovely story, but it’s hard to live on stories.

Those who live on the lava, many of them displaced inhabitants from the Marshall Islands, lead a difficult life. Since their relocation after World War II, they have gathered water in rain barrels, trucked in gasoline to run generators, and largely gone without medical care. That is why we are here. Ostensibly, this drill was conducted so that members of diverse military units can train to work together in the event of a medical or humanitarian emergency. As long as we are training, however, there is the side benefit that we get to provide medical care to Americans who need it and reinforces the Navy recruiting slogan, “a global force for good”.

This part of Hawaii is something I never would have seen if I hadn’t been in the Navy. As a tourist, I’d visited the island over a dozen times, even driven past these villages without ever having known they were here. Now, I was not just seeing these places, but I was also doing the sort of work I expected to do in the Navy Reserves now that I had left active duty. Not that my experiences on active duty had been bad. Even my deployment had gone well. How many people outside the military could say they had walked through one of Saddam Hussein’s Palaces, or got to be the first person ever to administer virtual reality treatment in a combat zone? I’d written a book about this previous deployment and my seven years on active



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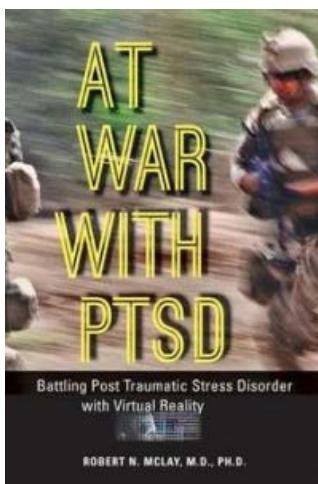
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duty. Not that I had a particularly adventurous experience compared to other military members, but traveling with the Marines always makes for a few good stories.

The Marines are close to my heart. Because they are an all-combat service – “every man a rifleman,” as they say – the Navy provides medical care and other support services for the Corps. With the needs of the war being what they were, I had spent the majority of my military career taking care of ground forces. After fifteen years split between active duty and the reserves, I had yet to be on a Navy ship at sea, but I'd been to a lot of other places. The Navy sent me to medical school, trained me in beautiful San Diego, and put me in charge of developing new technology to treat Post-traumatic

Stress Disorder (PTSD). That's where the virtual reality had come in. As a freshly-minted graduate from psychiatry residency I was put in charge of the testing program. Then, once it had been tested, I got to drag a system across the desert and work with it personally in Iraq. Over the years, the Navy put me to work as a clinician, as an emergency responder, a teacher, a scientist, a peon and a leader. Military service took me to Iraq and to beautiful old-world towns in Europe. I'd worked in the desert at the Marine Corp Base in Twentynine Palms, California, and in the bustling seaport city of Yokosuka, Japan. I can't say there was never a boring day, but it was never the same day twice.

Maybe I'd try and write another book, I thought, as the SUV now turned into another change of landscape. “The Last Wizard in Afghanistan” wasn't a bad title was it? You roll with the punches and take joy where you can.



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